



**MONTGOMERY COUNTY GOVERNMENT**  
**OFFICE OF CONSUMER PROTECTION**  
100 Maryland Avenue, Room 330  
Rockville, Maryland 20850  
240-777-3636 • FAX 240-777-3768 •  
<http://montgomerycountymd.gov/consumer>

# **BUILDING CONTRACTORS LICENSE APPLICATION**

- ☐ Please type or print clearly in ink.
- ☐ All pages **MUST** be completed. All applicable questions **MUST** be answered.
- ☐ A non-refundable application fee of \$805 is charged for a two (2) year period and **MUST** accompany new, renewal and reinstatement applications.
- ☐ Check or money order must be made payable to Montgomery County, MD.
- ☐ Mail completed application with payment and documentation requested.
- ☐ A Certificate of Insurance on Liability and Workman's Compensation must accompany all applications. OCP must be listed as the Certificate Holder, see Page 6, Section 9.
- ☐ For reinstatement applications, send a letter explaining why your Building Contractor's License was not renewed.
- ☐ Enclose copies of other relevant licenses

## **OFFICE USE ONLY**

License No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Expired \_\_\_\_\_

Check # \_\_\_\_\_

State Lic. \_\_\_\_\_

Date Approved: \_\_\_\_\_

## **I. TYPE OF LICENSE REQUESTED**

Type of License (Please Check One):

☐ **NEW LICENSE**      ☐ **RENEWAL OF EXISTING LICENSE**      ☐ **REINSTATED LICENSE**

## **II. NON-REFUNDABLE LICENSE FEE**

☐ **\$805 CHECK OR MONEY ORDER - PAYABLE TO MONTGOMERY COUNTY - IS ATTACHED.**

**Please note:** Montgomery County Government now uses the services of Check-Again – Enhanced Check Management Services. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling (800)666-5222 ext. 2 to arrange payment for any outstanding checks and service fees due.

[www.checkagain.com](http://www.checkagain.com)

### III. TYPE OF NEW HOME BUILDER BUSINESS BEING LICENSED

Type of Business (Please Check One):

☐ CORPORATION ☐ \*LIMITED LIABILITY CORP. ☐ PARTNERSHIP ☐ SOLE PROPRIETOR

*\*Limited Liability Corp. Must fill out both "A" and "B" in Section IV*

Name of Business \_\_\_\_\_

Trade Name (if any) \_\_\_\_\_

Business Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mailing Address (If different from business address) \_\_\_\_\_

\_\_\_\_\_ E-Mail Address \_\_\_\_\_

Please provide other jurisdiction licenses.

### IV. OWNERSHIP INFORMATION. Please provide owner information in the appropriate section. Changes in ownership or owner address MUST be reported to the Department within 30 days of the change.

#### A. CORPORATION

Complete this section if your home building business is a **CORPORATION**. If you do business in Maryland as a corporation, **you must furnish the name of the resident agent of your corporation in Maryland** and provide your federal employment identification number and date of incorporation. If your corporation is a Limited Liability Corporation, be sure to provide the information requested in Sections A and B.

**NAME OF CORPORATION** \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ Federal ID \_\_\_\_\_

Trade Name (If any) \_\_\_\_\_

Business Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mailing Address (If different from business address) \_\_\_\_\_

\_\_\_\_\_ E-Mail Address \_\_\_\_\_

**RESIDENT AGENT IN MARYLAND (full name)** \_\_\_\_\_

Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

**PRESIDENT/MEMBER NAME** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

**VICE PRESIDENT/MEMBER NAME** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

**TREASURER/MEMBER NAME** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

**SECRETARY NAME** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

**List all persons, members, or organizations holding a financial interest of 10% or more in the business. If a Limited Liability Corporation, list the names of all members who have the authority to enter binding agreements on behalf of the corporation.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**B. LIMITED LIABILITY CORPORATION/COMPANY**

List any members of the corporation that are corporations, partnerships, or other limited liability entities. Provide the information requested in **SECTION A** for each such member on a separate sheet of paper.

_____	_____	_____
<b>Member</b>	<b>Business Phone No.</b>	<b>Home Phone No.</b>

_____	_____	_____
<b>Member</b>	<b>Business Phone No.</b>	<b>Home Phone No.</b>

If more than two (2) members provide additional information on a separate sheet.

**C. PARTNERSHIP**

Fill out this section if your business is a **PARTNERSHIP**. Provide the names of all partners holding a **10% or more** interest in the business. If the partnership is a limited partnership, please identify the general partner.

**Full Name of Partner** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

**Full Name of Partner** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

**Full Name of Partner** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

**Full Name of Partner** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

(If more than four partners, provide additional information on a separate sheet.)

#### **D. SOLE PROPRIETORSHIP**

Fill out this section if your homebuilding business is a **SOLE PROPRIETORSHIP**

**Full Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

#### **V. BUILDER DESIGNEE**

The Builder Designee must be an individual designated by your homebuilding business that is a partner, officer, director, or manager of your homebuilding business and is the individual responsible for on-site building activity. This individual must be authorized by you to enter into binding agreements on behalf of the homebuilding business. A sole proprietor is automatically the Builder Designee.

**Name of Builder Designee** \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

## VI. LEGAL ACTION OR INTEREST IN OTHER HOME BUILDING ENTITIES

- 1) Has this business or any individuals or companies named in Section IV, had any interest in any other new home building companies in Montgomery County or any other jurisdiction in the past ten years?  
**Yes \_\_\_ No \_\_\_ (If yes, please list their names and the companies involved on a separate sheet of paper.)**
- 2) Has this business or any individuals or companies named in Section IV, had any building or construction related license suspended, revoked, surrendered, or not renewed for cause in Montgomery County or any other jurisdiction?  
**Yes \_\_\_ No \_\_\_ (If yes, please explain on a separate sheet of paper.)**
- 3) Does this business or any individuals or companies named in Section IV, have any unresolved Consumer Protection complaints pending in Montgomery County or any other jurisdiction?  
**Yes \_\_\_ No \_\_\_ (If yes, please explain on a separate sheet of paper.)**
- 4) Does this business or any individuals or companies named in Section IV, have any pending law suits or outstanding unsatisfied judgments?  
**Yes \_\_\_ No \_\_\_ (If yes, please explain on a separate sheet of paper.)**
- 5) Does this business have any outstanding building code violations?  
**Yes \_\_\_ No \_\_\_ (If yes, please explain on a separate sheet of paper.)**
- 6) Has any officer, director or owner holding a financial interest of 10% or more in this homebuilding business ever filed for bankruptcy?  
**Yes \_\_\_ No \_\_\_ (If yes, please attach explanation and resolution listing their names and the companies involved on a separate sheet of paper.)**
- 7) Has any officer, partner, building designee, or owner been convicted of a felony in the last ten years?  
**Yes \_\_\_ No \_\_\_ (If yes, please explain on a separate sheet of paper.)**

## VII. EXPERIENCE - \*FOR NEW LICENSE APPLICATIONS ONLY. Renewal Applicants skip to Section VIII

- 1) Do you have any other construction-related experience or education, such as experience in home improvement work, college or trade school courses, etc? Please furnish in detail the experience and qualifications of the officer, partner, or owner responsible for construction in Montgomery County. Resumes for the appropriate individuals may be attached.
- 2) Please list your most current new home construction experience, if any, and project detail information in chart below? What was your roll in this construction?.

Project Address	County	TYPE: (i.e., SF/TH/Condo)	No. of Units	Date Completed

3) Was the above referenced construction experience as a new homebuilder, subcontractor, employee, owner? Please explain in detail: \_\_\_\_\_

4) List new home building activity planned for next year in Montgomery County: \_\_\_\_\_

5) Do you have any building permits pending for new home construction in Montgomery County?  
Yes \_\_\_ No \_\_\_ If yes, please explain who got the permits, applicant's name and Permit Reference Number.

6) List membership in any trade associations related to construction: \_\_\_\_\_

7) Do you have any other construction-related experience or education, such as experience in home-improvement work, college or trade school courses, etc?

Yes \_\_\_ No \_\_\_ (If yes, please attach a copy of any relevant documentation and describe your experience and education in detail on a separate sheet of paper).

## **VIII. EXPERIENCE - \*FOR RENEWAL LICENSE APPLICATIONS ONLY. New Applicants skip to Section IX**

1) How many homes have you built in Montgomery County in the last two year licensing period?  
\_\_\_\_\_ None \_\_\_\_\_

If none, what is the date of the last new home you built in Montgomery County? \_\_\_\_\_

2) Have you built any new homes outside of Montgomery County in the last two year licensing period?

Yes \_\_\_ No \_\_\_ If yes, how many new homes were built? \_\_\_\_\_.

If no, what is the date of the last new home you built outside Montgomery County? \_\_\_\_\_

## **IX. REFERENCES AND FINANCIAL RESPONSIBILITIES**

1) **New Applicants, Renewals/Reinstatements.** Provide a copy of the certificate of insurance liability (minimum \$500,000). Workman's compensation insurance is not required if you have less than two employees. Note: Montgomery County Office of Consumer Protection must be listed as the Certificate Holder. All documentation must have the name of the licensee.

2) **New and Reinstatements only must** provide three Material Supplier Reference Forms from suppliers of construction materials as credit reference using the forms that are attached to this application.

3) **New and Reinstatements only must** provide a current letter of reference from a bank or other lender indicating that licensee maintains an account in good standing.



**X. OWNER'S SIGNATURE**

**I HEREBY CERTIFY** that I have read and fully comprehend this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or the revocation of any license that may be issued. By signing this application, I do solemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct. I understand that if there are any changes in information provided, I must notify the Department in writing within 30 days of the change. Failure to do so may result in the suspension or revocation of my license. I hereby certify that I am authorized to sign on behalf of the business organization applying for this license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Person Signing

\_\_\_\_\_  
Title

\*\*\*\*\*  
DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY



<u>Approved</u>	<u>Disapproved</u>	<u>Cond. Approved</u>	<u>Deferred</u>	<u>Denied</u>	<u>Reinstated</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Member Signature:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_